

PART B - FEE(S) TRANSMITTAL

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7590 02/23/2006
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05/24/2006	CCHAU2 00000120 08752032	(Depositor's name)
01 FC:1501	1400.00 UP	(Signature)
02 FC:8001	30.00 UP	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/752,032	11/19/1996	FREDERICK M. BOYCE	60786/206002	6331

TITLE OF INVENTION: USE OF A BACULOVIRUS TO EXPRESS AND EXOGENOUS GENE IN A MAMMALIAN CELL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE							
nonprovisional	NO	\$1400	\$0	\$1400	05/23/2006							
EXAMINER	ART UNIT		CLASS-SUBCLASS									
WOITACH, JOSEPH T	1632		514-044000									
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).												
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)												
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE The Massachusetts General Hospital (B) RESIDENCE: (CITY and STATE OR COUNTRY) Boston, Massachusetts												

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Laura Vogel

Date May 23, 2006

Registration No. 55,702

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